

Work Order ID 62188

September 21, 2010 9:00:38 AM

NDT (7)



Page 1

Item ID: D3689-1

Accept



Setup Start



Revision ID:

Item Name: SLEEVE

Stop



Start Date: 9/21/10 Start Qty: 8.00



Cust Item ID:

Required Date: 9/22/10 Req'd Qty: 8.00



Customer:

Reference:

Approvals: Process Plan: *✓*

Date: Tooling:

Date:

Run Start



QC:

Date: SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr	Revision Nbr
D3689	Rev B

141



Small Fab

Memo

0.00

7 1

P16

10/07/21

142



QC5- Inspect part completeness to step on W/O

0.00

QC

Quality Control

Memo

0.00

10/07/21

7 1

150



PURCHASING

0.00

Purchasing

Memo

0.00

Purchasing

Issue P/O: 12615

LPI Per ASTM 1417 LEVEL 2

Certificate of conformaty is required

10/07/21

CZ 10/07/21 7

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: D3689-1 PAR #: _____ Fault Category: Machined Parts NCR: Yes No DQA: / Date: 10/09/23
 Resolution: Scrap Disposition: Scrap QA: N/C Closed: _____ Date: _____

WORK ORDER NON-CONFORMANCE (NCR)								
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
10/09/21	# 100	Qty x1 Jammes when testing threads with no go no go test Process	10/09/21	→ cannot remove go no go tester. Scrap D3689-1 B58634 Qty x1 tester.	S 10/09/21	DB 10/09/21	/	10/09/21

NOTE: Date & initial all entries

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Item ID: D3689-1

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Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

160



Packaging

Packaging

Operation
Description

Receive & Inspect for Damage & Mat'l Certs

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

CL 10/9/22 ⑦

170

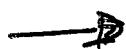


QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00



ML 10 09 22 ⑦

180



Packaging

Packaging

Identify as per dwg & Stock Location: 7b

0.00

Memo

re-identify using new b/n

10/9/22 ⑦

Work Order ID 62188

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Item ID: D3689-1

Accept



Setup Start



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Item Name: SLEEVE

Stop



Start Date: 9/21/10 Start Qty: 8.00



Cust Item ID:

Required Date: 9/22/10 Req'd Qty: 8.00



Customer:

Reference:

Approvals: Process Plan:

Date: Tooling:

Date:

Run Start



QC:

Date: SPC (Y/N):

Date:

Stop



Sequence ID/
Work Center ID

190



Operation
Description

QC21- Final Inspection - Work Order Release

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

QC
Quality Control

Memo

0.00

10/09/23
MT
10-9-23

Picklist Print

September 21, 2010 9:00:35 AM

Page 1

Work Order ID: 62188



A standard linear barcode is located at the top of the page, consisting of vertical black lines of varying widths on a white background.

Parent Item: D3689-1

Parent Item Name: SLEEVE

Start Date: 9/21/10

Required Date: 9/22/10

Comments: IPP Rev:A New Issue 08-02-11 JLM Verified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Add note on material cutting JLM Verified By:JM

Start Qty: 8.00

Start Qty: 8.00

Required Qty: 8.00

Required Qty: 8.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D3689-1 Manufactured No Each 8.0000

	SLEEVE		B 58634	x 5
			B 58635	x 3
				8



LIQUID PENETRANT TEST REPORT

P- 15193

CLIENT DART Aerospace
ATTENTION LINDA / CHANTEL
ADDRESS 1270 ABDDEEN ST.
PROJECT HAWKES BURY, ON.
ITEM(S) EXAMINED ⑦ MACHINED PARTS

DATE SEPT-21-2010 TIME 180 - 10 - 0889 AM PM
ACUREN JOB NO. 12615
PO/WO NO. 12615
WORK LOCATION HAWKES BURY PLANT
ACCEPTANCE STD. ASTM 1417 REV./DATE 2005

JOB DESCRIPTION PROCEDURE NO. LT0001 REV./DATE TECHNIQUE NO. LT-TECH42 REV./DATE
PART NO. — MATERIAL STAINLESS STEEL THICKNESS —
SCOPE WET FLUORESCENT LIQUID PENETRANT + FLUORESCENT INSPECTION CARRIED OUT ON 100% EXTERNAL SURFACE

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	<u>MAGNA FLUX</u>		BLACK LIGHT S/N <u>16459</u>	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT < 2 fc
PENETRANT	<u>2L67</u>	MINIMUM DWELL TIME <u>45</u> <u>10</u>	MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER	<u>H2O</u>	MINIMUM DRY TIME <u>>10</u>	MIN.	OTHER <u>LAS 100</u>	
DEVELOPER	<u>SK60</u> <u>52</u>	MINIMUM DWELL TIME <u>10</u>	MIN.	LIGHT METER S/N <u>1098866</u>	CAL DUE DATE <u>OCT 11</u>
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		<u>2010</u>

TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F		<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F

RESULTS- METRIC IMPERIAL

7 SLEEVE'S → W.O. 62188 ✓		
1 CROSS TUBE → W.O. 62298 ✓		
1 CROSS TUBE → W.O. 62299 ✓		
1 CROSS TUBE → W.O. 61418 ✓		
1 CROSS TUBE → W.O. 61417 ✓		
1 CROSS TUBE → W.O. 61959 ✓		
1 CROSS TUBE → W.O. 61958 ✓		
1 CROSS TUBE → W.O. 61852 ✓	✓	INDICATIONS ON CROSS TUBES
1 CROSS TUBE → W.O. 61853 ✓	✓	W.O. 61852, 61853.
1 CROSS TUBE → W.O. 61507 ✓		
1 CROSS TUBE → W.O. 61508 ✓		

MM 10-09-22

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SIGNATURES

CLIENT REPRESENTATIVE	<u>Eric Doering</u> PRINTED	<u>C</u> SIGNATURE	DTR #	<u>E63391</u>
TECHNICIAN (SIGNATURE):	<u>Mike J. Houston</u>		REPORT REVIEWED BY:	
NAME (PRINT):	<u>Mike J. Houston</u>		NAME	
CGSB LEVEL	<u>SNT LEVEL</u>	2 nd TECHNICIAN	INITIALS	
CGSB REG. NO.	<u>6606</u>	CGSB LEVEL	SNT LEVEL	
		CGSB REG. NO.		

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